

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Typ ::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	PROCESS FOR THE MANUFACTURE OF POWDERS OF INHALABLE MEDICAMENTS
Attorney Docket Number::	1/1400
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	3
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Belgium
Status::	Full Capacity
Given Name::	Nathalie
Middle Name::	
Family Name::	JONGEN
Name Suffix::	
City of Residence::	Préverenges
State or Province of Residence::	
Country of Residence::	Switzerland
Street of mailing address::	Route de Genève 64B

City of mailing address::	Préverenges
State or Province of mailing address::	
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-1028
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Belgium
Status::	Full Capacity
Given Name::	Jacques
Middle Name::	
Family Name::	LEMAÎTRE
Name Suffix::	
City of Residence::	Lausanne
State or Province of Residence::	
Country of Residence::	Switzerland
Street of mailing address::	Chemin de la Fauvette 30F
City of mailing address::	Lausanne
State or Province of mailing address::	
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-1012
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Paul
Middle Name::	
Family Name::	BOWEN
Name Suffix::	
City of Residence::	Nyon
State or Province of Residence::	
Country of Residence::	Switzerland
Street of mailing address::	Route du Boiron 23
City of mailing address::	Nyon

State or Province of mailing address::	
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-1260
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Marcel
Middle Name::	
Family Name::	DONNET
Name Suffix::	
City of Residence::	Cheseaux
State or Province of Residence::	
Country of Residence::	Switzerland
Street of mailing address::	Route de Geneve 5
City of mailing address::	Cheseaux
State or Province of mailing address::	
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-1033
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Joerg
Middle Name::	
Family Name::	SCHIEWE
Name Suffix::	
City of Residence::	Mainz
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Rieslingstrasse 60
City of mailing address::	Mainz
State or Province of mailing address::	

Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 55129

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Bernd
Middle Name::
Family Name:: ZIERENBERG
Name Suffix::
City of Residence:: Bingen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Goethestrasse 1
City of mailing address:: Bingen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 55411

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Romania
Status:: Full Capacity
Given Name:: Cristina
Middle Name:: Lucica
Family Name:: SOARE
Name Suffix::
City of Residence:: Lausanne
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Rue Davel 21
City of mailing address:: Lausanne
State or Province of mailing address::
Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1004

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28501

REPRESENTATIVE INFORMATION

Representative Customer Number:: 28501

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/425,415	11/12/02

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	02/023273	10/17/2002	Yes

ASSIGNEE INFORMATION

Assignee name:: ÉCOLE POLYTECHNIQUE FÉDÉRALE DE
LAUSANNE

Street of mailing address:: SRI

City of mailing address:: LAUSANNE

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1015

Assignee name:: Boehringer Ingelheim Pharma GmbH &
Co. KG

Street of mailing address:: Binger Strasse 173

City of mailing address:: Ingelheim

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 55216